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status Report

The Quarterly Newsletter on Disability Issues in Alberta

THE PREMIER'S COUNCIL ON THE STATUS OF PERSONS WITH DISABILITIES

AUGUST 2000

How Friendly Are the Skies?

A chance to give the government your thoughts on accessible air travel

Canadian travellers with disabilities who fly in or out of six major Canadian International Airports between May and August will have a chance to tell the federal government whether their travel needs are being accommodated.

Representatives of the Canadian Transportation Agency will be conducting a "Taking Charge of Air Travel" survey at airports in Ottawa, Halifax, Calgary, Vancouver, Montreal and Toronto.

The Agency's mandate is to administer Canadian legislation and policies to promote a national transportation system that is accessible to persons with disabilities.

Included in the Agency survey will be questions concerning ease of access to different areas at the airports, readability of flight schedule monitors, clarity of pub-



lic address announcements, check-in personnel's awareness of services and facilities available to persons with disabilities, facilitation of passenger boarding and baggage handling, seating and washroom arrangements, availability of wheelchairs on-board aircraft, and accommodations provided for service animals.

The Agency has been working with airlines and airports for several years in an effort to improve services and facilities for persons with disabilities. Seniors, many of whom experience

similar needs and challenges, also benefit from the Agency's work to remove obstacles to travel.

The Agency has the power under the *Canada Transportation Act* to develop binding regulations to remove undue obstacles to persons with disabilities who travel on federally-regulated modes of transportation. However, it will work in partnership with the travel industry at every opportunity to promote, rather than dictate, accessibility.

The results of the survey will be shared with both the travel industry and travellers in an effort to promote better service.

Agency reps will be wearing pink shirts to clearly identify themselves on the dates that the survey will be conducted.

For more information on the Agency, phone 800/883-1813 or visit its website (www.cta.gc.ca).

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Department Stores Sued

Department stores continue to take it on the chin from Americans with disabilities frustrated by lack of adequate access.

Five wheelchair users in Los Angeles have filed a law suit against Robinsons-May Department Stores, which has locations throughout the Southwest. Another group of wheelchair users in Washington, D.C. has filed suit against Ames Department Stores. With more than 450 stores throughout the Northeast, Mid-Atlantic and Midwest, Ames is one of the country's largest retailers.

The suits allege that the defendants' merchandise is often displayed in the aisles that are too narrow to be negotiated in wheelchairs. The suits also allege that other facilities, including washrooms, are inaccessible in many of the chains' locations. As such, they contravene the Americans with Disabilities Act (ADA), which was enacted ten years ago.

Earlier this year, a federal court ruled that a San Francisco Macys department store was in violation of the ADA.

Royal Bank Study Bullish On Disability and Employment

A study released in April by the Royal Bank suggests that hiring people with disabilities with disabilities makes a great deal of economic sense.

The report stresses that impending labour shortages provide a strong incentive for Canadian employers to seek a new source of motivated, productive workers. Fortunately, the crunch is occurring at a time when technology is making it possible for even those with severe disabilities to pursue careers.

The lesson for employers is that, while accommodating the needs of the first disabled

worker may pose a difficulty, the potential payoffs are significant.

Additionally, the report concludes that our aging population equates into an increasing number of people with disabilities. As a group, they begin to wield a significant amount of disposable income. Companies that choose to ignore this are at risk of falling by the wayside.

"Reputational risks associated with short-selling the needs and interests of people with mental or physical conditions are real and will only intensify," wrote the report's authors.

Keeping Our Oars in the Water

The Premier's Council pushes on in the face of adversity

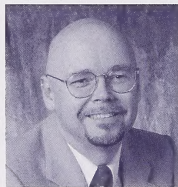
The past six months have presented many challenging and even daunting experiences. Our Executive Director, Elaine Chapelle, has been away due to her own disability. As a result, I have been passed a torch to fill her role as Executive Director. Fortunately, Elaine had already ensured that we were "rowing" on a course as directed by Council and charted by Alberta's disability community. The challenge was to keep the "oars in the water" and maintain Elaine's rhythm, pace and conviction.

The window of opportunity to create the Alberta Disability Strategy has never been more positive, with an increasing sense of collaboration and unity among stakeholders in Alberta's disability community.

The truest expression of teamwork arises when a group is challenged to continue the visionary direction of a leader who is absent. This has become the challenge and opportunity for the secretariat at the Premier's Council. Our team is continually challenged to translate into action the wisdom, commitment, and sense of passion that exemplifies Elaine's personal and professional style—which has become our benchmark for the daily operations at the secretariat.

Our team's sense of commitment had been well established by Elaine and our own continued sense of conviction is at the very least our simplest expression of respect for her guidance and leadership. What is even more of a guiding force however, is the knowledge that the course Elaine and our team at the secretariat set out to navigate has been charted by the disability community and directed by the visions of our Council members.

I cannot overstate the com-



mitment that is exemplified by the staff at the secretariat—especially at this difficult time when our captain is on leave.

We are navigating a new course with the Alberta Disability Strategy and the disability community is awaiting a final destination called Full Citizenship—equal access for Albertans with disabilities to all our province has to offer.

The navigation may be difficult, with many storms—some expected, some unexpected—on the way, and the destination may be seen by some as exotic or a form of Shangri-La. Here at the Council, however, we believe it is reachable and practical.

Keeping in mind that the disability community in Alberta has charted many courses in the past and weathered many storms, the one clear message from persons with disabilities is that the goal of the Alberta Disability Strategy—Full Citizenship—is not a final destination. It is rather, a birthplace for the mechanisms

that will protect their rights and ensure inclusion, self-determination and choice.

The window of opportunity to create the Alberta Disability Strategy has never been more positive, with an increasing sense of collaboration and unity among stakeholders in Alberta's disability community. This is evident in such milestone events as the Champions of Diversity initiative in Calgary (*Status Report*, May 2000) and an increasing political and ministerial receptiveness to addressing disability issues and concerns (as seen in the *Building Better Bridges Report* by the Hon. Gene Zwozdesky, Associate Minister of Health and Wellness).

The challenge remains for the Premier's Council to continue the course, to respect the voice and vision of the disability community and to remain focused in achieving our collective goal of Full Citizenship.

Status Report

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Design and Production: Bridges Communications

Canadian Publication Mail Agreement No. 1518941

Status Report is published quarterly by the Premier's Council on the Status of Persons with Disabilities and is intended to provoke discussion of issues concerning persons with disabilities. **This publication is also available on audio cassette** by contacting our office at:

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Clarifying the AISH Budget

In the last issue of *Status Report*, a brief article suggested there was a debate over how to spend the additional \$27 million that was recently injected into AISH (Assured Income for the Severely Handicapped). The article suggested that additional funding might be used in either of two ways: admitting new people into the program, or increasing the base benefit amount.

Peggy Thiessen, AISH program manager, assures us there is no debate.

"The funding mentioned in the article were really monies that were injected into the AISH program to cover the increase in benefits that were

granted on October 1, 1999," says Thiessen. "Prior to the October 1 implementation, the AISH budget was adjusted to account for normal growth plus the increase in the AISH benefit, and that's what raised the budget by \$27 million."

The individual benefit increased \$32, from \$818 to \$850, on October 1.

"Whoever qualifies for the program will get the benefit—even if we're over budget," adds Thiessen. "And there's no debate over whether someone's going to get more benefits or whether we're going to take new (clients). It's not an either/or situation."

U.S. Disability Study Shows Small Gains

A recent U.S. study suggests that, while overall people with disabilities lag somewhat or very far behind people without disabilities in ten key measures of quality of life, the past decade has seen some notable improvements.

The 2000 *N.O.D./Harris Survey of Americans with Disabilities*, a survey of 997 adults with disabilities and 953 adults without disabilities, was conducted in May and June 2000. The results provide a glimpse as to the success of the sweeping Americans with Disabilities Act (ADA), which was enacted in 1990, as well as a benchmark for measuring progress in the next century.

To determine what gaps exist and to note changes over time, specific quantifiable measurements or "indicators" have been developed for key life activities. A "gap" is defined as the number of percentage points by which Americans with disabilities lag behind other Americans on a given indicator. Following is a sampling of the some of the gaps between people with and without disabilities in each of the ten indicators of quality of life.

Employment

- Of all working age people with disabilities (aged 18-64), only three out of ten (32%) are employed full or part-time, compared to eight in ten working-age people without disabilities (81%)—a gap of 49%.
- However, among those who say they are able to work despite their disability or health problem, fully 56% of people with disabilities are working, and the gap between people with and without disabilities is 25%.
- Over the past fourteen years, there has been noticeable improvement among those who say they are able to work—56% are working today, compared to 46% in 1986.
- The employment picture for 18-29 year olds is the most promising: 57% who are able to work are working, compared to 72% of their non-disabled counterparts—a gap of just 15%.

Education

- More than one of five people with disabilities failed to complete high school (22%), compared to less than one out of ten people without disabilities (9%)—a gap of 13%.

- However, in the past 14 years, there has been marked progress. Almost eight of ten people with disabilities (77%) have graduated from high school today, compared to 6 out of 10 (61%) in 1986.

Income

- People with disabilities are almost three times as likely as people without disabilities to live in poverty, having a household income of \$15,000 or less (29% versus 10% respectively)—a gap of 19%. However, among 18-29 year olds, the gap is only 9%.

Health Care

- People with and without disabilities are equally likely to have health insurance of some kind (90% versus 89% respectively).
- However, people with disabilities are three times as likely to not have gotten needed health care on at least one occasion last year, when compared to people without disabilities (19% and 6% respectively)—a gap of 13%.

Access to Transportation

- People with disabilities are much more likely to consider inadequate transportation to be a problem (30% versus 10% respectively)—a gap of 20%.

Entertainment/Going Out

- People with disabilities are less likely to go to restaurants at least once per week than people without disabilities (40% versus 59%)—a gap of 19%. However, encouraging signs are seen among 18-29 year olds, who are almost as likely as their non-disabled counterparts to go out to restaurants at least once per week (59% versus 61%).

Political Participation/Voter Registration

- People with disabilities are less likely to be registered to vote than people without disabilities (62% versus 78% respectively).

Life Satisfaction

- Half as many people with disabilities say that they are very satisfied with life in general, when compared to people without disabilities (33% versus 67% respectively)—a gap of 34%. However, this gap decreases for younger people aged 18 to 29. For this youngest cohort, 44% of people with disabilities, compared to 57% of people without disabilities, say they are "very satisfied with life"—a gap of 13%.

When comparing this 2000 data to earlier research, certain indicators have gotten better for people with disabilities. Most notably, over the past fourteen years, education has shown signs of improvement for all people with disabilities, and employment has shown signs of improvement for people who say they are able to work.

According to the report's authors, these improvements most likely stem from multiple causes including the implementation of the ADA and the Individuals with Disabilities Education Act (IDEA), a booming economy, and substantial growth in technology.

However, the authors add that, while the data shows progress for both people with and without disabilities, the improvements have been much more modest for people with disabilities. It seems that people with disabilities have been less likely to benefit (at least on the 10 indicators) from the economic expansion. This finding is not surprising, given that people with disabilities are more likely to have lower incomes than people without disabilities, and lower income individuals are less likely to benefit from increases in the stock market or an overall economic surge.

Becky Doll Makes a Comeback

It's been a rough road for the Mattel's Share-a-Smile Becky doll. In 1997, disability rights groups discovered that Becky's wheelchair wouldn't fit through the door of the Barbie Dream House. Mattel was embarrassed into apologizing and fixing the glitch. But more concerns were raised when Becky didn't have a job, which reinforced the

idea that persons with disabilities are dependent on social programs. Mattel, once again appeasing activists, released the doll as a school photographer. The doll was retired last winter. But in June, Mattel resurrected Becky as a Paralympic gold medalist. Her accessories include a working Paralympic wheelchair, gold medal, helmet and water bottle.



Reaching the Peak of Success

Ross Watson captures Canada-wide attention with Logan ascent

At the age of 16, Ross Watson was refused entry into a west coast rock-climbing club because he was blind.

On May 26, more than three decades after that rejection, Watson became the first blind person to reach the summit of Canada's highest mountain—Mount Logan, the towering 5945 meter peak located in Yukon's remote Kluane National Park.

"Everybody lives with a set of circumstances that sets expectations of them," says Watson. "For the most part, a lot of people recognize these expectations and their actions are dictated by them. I actually think that discovering that you can set your own expectations, rather than accept the ones that have been given to you, is a great gift."

Also reaching the summit after a gruelling 19 day climb were expedition leader Jay Honeyman of Canmore, Geoff Skinner of Jasper, and Graham Holt of Invermere, B.C. Team members Alex Taylor and Karsten Heuer were unable to reach the summit.

The foursome's final ascent was done in the midst of a vicious high altitude storm. They marked the achievement with a few quick high-fives and photos before the icy winds forced them to beat a hasty retreat back down to base camp.

Watson climbs by feeling the tracks of climbers ahead of him. He also listens to the sounds made and instructions provided by his fellow climbers. He says he's more comfortable climbing a mountain on a rope line than he is walking on a city street.

Watson concedes that, as a fundraiser with proceeds to benefit the CNIB, the climb had limited success. But as a vehicle for raising awareness of the abilities of people who are blind or have

other disabilities, it was richly rewarding. From the planning stages to completion, the climb caught the eye of media outlets across the country.

"Those things are always hard to judge," says Watson when asked if he thought his message has been heard. "But people come up to me constantly...they acknowledge that it certainly opened their eyes."

While Watson says this was his personal goal, he was pleasantly surprised at the passion of his team members.

"They really took the message to heart—they wanted to get that message out as much as I did. I got sick between 11,000 and 13,500 feet, and they just said things like, 'You know, Ross, if you don't get to the top, the message doesn't get out, and we're going to split your load until you heal.' They felt as strong about it as I did."

For Watson, the climb is just one of many milestones he's reached since losing his vision at the age of 12. He graduated from the University of Alberta with a bachelor's degree in recreation administration. In 1988, as part of the Canadian Paralympic team, he competed in the 15-km and 30-km cross country skiing events. In 1990, he came within six hours of scaling the summit of Mount McKinley, the only North American peak higher than

Mount Logan (a five day storm forced his team to turn back).

Watson says this latest accomplishment is rewarding in many ways. "The mountain taught me a lot—a lot about myself—that I hope I don't forget in a hurry."

For example, he says, it reinforced his belief in the power of teamwork. "I think people like to believe they can do everything by themselves," he says. "The group dynamics of working in a team for a common goal sort of get you tuned into working with people rather than just sort of believing that you're accepting help."

The climb, as well as the two years he spent preparing for it, also required that he juggle the demands of his position as a Cochrane town councillor and his job as director of the William Watson Lodge, a recreational retreat for people with disabilities in Kananaskis Country. In the process, he says he learned a great deal about priorities.

"The amount of energy I used to give to issues that really didn't need that much energy—well, I had to focus on that and I realized that I've been wasting a lot of time."

Above all, he plans on holding the memory of the climb as a personal benchmark. "Holding some things as a benchmark sometimes can be a little difficult, because you've always got to try to keep living up to them. Others days, I

think it's not such a bad thing to challenge yourself daily."

When asked about future challenges, Watson concedes that he's already tossing around the idea of riding across Canada with a friend on his tandem bicycle.

If enough funds are raised, video footage shot of the climb will be produced into a short documentary. For more information, see the climb's official website (www.visionquest2000.net).

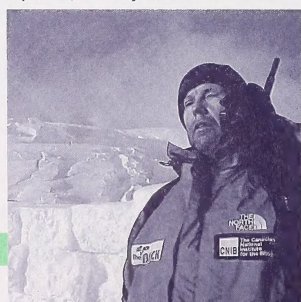
Disabled Athletes Challenge Stereotypes

Ross Watson isn't the only Albertan with a disability who is raising the bar.

In March, Canmore skier Stacy Kohut competed head to head with non-disabled skiers competing in the Pontiac GMC Cup Finals at Sun Peaks Resort near Kamloops, B.C. Kohut is a 28-year old paraplegic who won three silver medals in the 1998 Nagano Paralympics. In an interview with the *Canmore Leader*, Canadian Disabled Alpine Ski Team coach Dave Honeyman raved that "the field was awestruck" after seeing Stacy's ability and described the partially integrated event as "a real coup" for disabled skiers.

Meanwhile, at the Northern Alberta Open Judo Championships held in Edmonton on April 8, 11-year old Garret Johnston placed third out of seven in his weight class—impressive by any standard, and even more so when you consider that he is blind. The Sherwood Park grade 5 honour student, who weighs 79 pounds, won three of five matches. One of those victories came in just three seconds, when Garret flipped an opponent onto his back to the delight of some 500 spectators.

Below: Watson calls the CNIB prior to summit attempt. Right: Watson on the rope line, four days before summit.



Report Says Women with Disabilities Impoverished

An Ontario study released in May concludes that women with disabilities are at a significant disadvantage, particularly when it comes to finding and keeping jobs.

According to the Canadian Council on Social Development, authors of the 35-page report entitled *Bringing Down the Barriers*, there are some 344,200 Ontario women with disabilities who are of working age (between 15 and 64). As a group, their employment rate lags far behind other women or any other working group, with the result being that one-third live below the poverty level.

The study suggests that poor public attitudes and misinformation are the key factors responsible for the group's low employment rates.

The study draws its conclusions from a number of sources, including Statistics Canada and labour-market data.

Among the statistics reported in *Bringing Down the Barriers* is that, from 1993 to 1994, some 57 percent of Canadian working-age women with disabilities said they weren't in the labour force at all. Of the remainder who said they had worked, 69 percent reported some jobless gaps over the two

years. In contrast, only 15 percent of able-bodied women said they didn't work at all, and of the 85 percent who did, only 42 percent reported some jobless gaps.

"With one of the lowest rates of labour force success and one of the highest rates of poverty, women with disabilities stand out as a group in need of greater opportunities for employment," the study concludes.

The report's authors suggest that, if employer and public perceptions were to become more positive, many of the physical hurdles, such as lack of transportation, and the rigid rules around income support that act as disincentives to employment would be easily eliminated.

Specifically, the report recommends that:

- employers, the public and people with disabilities need to be better informed of available programs and how they work
- governments should increase compensation to employers for making their workplaces accessible
- more publicly-funded child care and home supports should be introduced
- income support rules that claw back benefits when income is earned should be more flexible so that employment waters can be safely tested.

The Canadian Council on Social Development is an independent non-profit research body based in Ottawa. *Bringing Down the Barriers* was funded by the Ontario Trillium Foundation.

The report claims one-third of women with disabilities live below the poverty level.



Prepare for Disaster!

The Red Cross is offering free Personal Disaster Preparedness workshops for residents of Alberta. This training gives people peace of mind by teaching valuable skills for dealing with disasters. The Red Cross prepares people to be self-sufficient until services are restored—which may take up to 72 hours.

People with mobility impairments are more vulnerable to disasters than other people, but that vulnerability is easily overcome by careful planning. For instance, a wheelchair user could store an extra chair at a friend's house or office.

The Personal Disaster Preparedness workshop takes about two hours, and can be conducted at the convenience of any community. Volunteer presenters give a knowledgeable overview of government responsibilities during disasters, planning for disasters at home and in the car, planning for evacuation, and types of disasters that may affect Albertans. The session gives participants knowledge of what to do before, during and after a disaster. At the end of the workshop, they will be able to design a home emergency plan for themselves and their families.

Once a plan has been created, practice and rehearsal, as well as developing a disaster kit, become important.

Running through the disaster response gives a chance to notice omissions or problems while there is still time to address them. A good disaster kit will contain enough supplies to live for three days without utilities. Setting these supplies aside ensures that if a disaster strikes, its effects are greatly reduced. As an example, the effects of a disaster like the ice storm of 1998 are completely eliminated by disaster kits.

The program is supported by public and private donations. For more information, contact your local Red Cross office.

Peer Support in Edmonton

If you're a person with a spinal cord injury or other physical disability, the Edmonton office of the Canadian Paraplegic Association (CPA) invites you to an informal evening to meet your peers—an opportunity to exchange ideas, information and life experiences.

Friends and family members are also invited to attend these ongoing meetings, which will feature guest speakers and group discussions, along with the opportunity to mingle. Tentative topics for speakers include recreation/leisure, disabled persons parking placard program, pain management and assistive devices.

Meetings are scheduled for the first Tuesday of each month from 7:00 p.m. to 9:00 p.m. at the Glenrose Rehabilitation Hospital (10230 - 111 Avenue, Edmonton), Conference Room B. Metered underground parking is available. Refreshments will be provided courtesy of CPA.

There will be no meeting in August due to holidays, so the next meeting takes place in September.

For more information and to RSVP, please contact Guy Coulombe at 424-6312.

The Accessible Washroom

Part three of a four part series on incorporating accessibility during construction and renovation of publicly-used buildings

Approximately 75% of my workload as an architect is made up of renovation projects, most of which are intended to better accommodate people with disabilities. The types of buildings that I work with range from single family homes to public buildings such as churches and libraries. During each project, the most difficult area to retrofit is the washroom. This is especially true in public buildings where the Building Code plays a more important role in terms of requiring a minimum number of toilet stalls, spatial dimensions and accessible accessories.

A proper retrofit requires thorough assessment, planning

and research. While there have been many articles written regarding the design of new accessible washrooms, far less has been written about renovating existing washrooms to be barrier-free. This article will focus more on specific renovation work.

When considering renovation of an existing washroom, there is a real possibility that leaving the existing washroom alone and creating a new barrier-free "Family" washroom will be less disruptive and more economical. A Family washroom is great for parents with small children, and for individuals with disabilities who have an attendant with them. If that simply isn't possible, you're probably left with no

choice but to renovate an existing washroom.

Generally speaking, when considering an existing washroom for barrier-free modification, we should ensure that entry doors are wide enough, that the entry vestibule big enough and that there is adequate manoeuvring space beside the latch on the pull side of the entry door. Existing vestibules may be modified by relocating walls, reversing a door swing or removing one of the vestibule doors. Once inside, there may be the opportunity to combine two existing stalls into one for the use of an individual with a disability (hopefully, this will not violate the code in terms of the number

of fixtures required). Also, door hardware and sink faucets may need to be changed, provisions made for adequate clearance under the lavatory, grab bars added and mirrors mounted lower or tilted to accommodate someone sitting.

The Accessible Washroom Checklist (in the sidebar on page 7) is what I use to help me design new washroom facilities or analyse existing washroom facilities in order to make recommendations towards renovations.

Below is a case study of a washroom project I designed.

There is no doubt that designing a new barrier-free building is much easier and less costly than renovating existing buildings to be accessible to persons with disabilities. The message here is get it right the first time. I believe architects must make barrier-free design part of all preliminary planning—and keep the needs of people with disabilities firmly in mind as the project moves from initial design through to the final detailing.

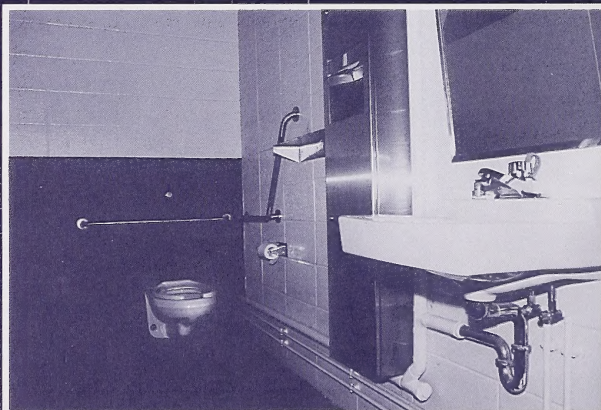
Case Study:

Commonwealth Stadium Washrooms

In 1997, I completed an accessible washroom modification project at Edmonton's Commonwealth Stadium, during which we added two new family washrooms and new accessible stalls were added within four existing washrooms. The family washrooms were created by modifying two existing small emergency rooms. To add the accessible stalls in existing washrooms, existing fixtures (three urinals and two toilets) were removed. The following tasks were completed to bring four accessible stalls into the larger existing washrooms.

1. New barrier free signs were installed at the concourse level outside all new accessible washrooms.
2. The entry and exit door thresholds were modified to ensure for a smooth transition from the concourse level into the accessible washrooms.
3. Two existing toilets in the women's washrooms and three urinals in the men's washrooms were removed, and new toilet partitions (that match the existing) were provided to create a new accessible toilet stall complete with a 5'-0" timing space and a wall hung sink.
4. The international symbol for accessibility was installed on the door of the new accessible stall.
5. A new hat and coat hook was mounted at 1400 mm (4'-7") above the floor on the door of the new accessible stall.
6. New plumbing was supplied as required for the new accessible stalls.
7. A new soap dispenser, new paper towel dispenser, new toilet paper dispenser, and a new shelf mounted at 1200 mm (4'-0") above the floor were also installed.

8. A new tilting mirror was mounted above the sink.
9. The wall-hung sink was supplied with a single lever type faucet without spring loading, thermostatically controlled to a maximum of 46.6°; water pipes and hot water supply pipes were located tight up against the wall to prevent potential burns to legs.
10. A new 17.2" high barrier-free toilet complete with an easy to operate flushing control was installed.
11. One grab bar was installed directly behind the toilet, and another beside the toilet.



One of the family washrooms installed in Commonwealth Stadium.

Too often, I believe, architects treat barrier-free design as a technical issue to be dealt with only after a design is worked out. This is dangerous—the result is often that persons with disabilities are accommodated in a greatly compromised manner.

As such, renovations are sometimes necessary. As with new design work, it's imperative in renovation work that the architect have an understanding of barrier-free design that transcends the code. This understanding will better help produce solutions that fall within a budget.

Almost effective way to achieve a greater understanding for barrier-free design is to simply look at new and renovation projects that are considered successful with regard to accessibility. Better yet, talk to individuals with disabilities—they are the experts when it comes to their needs.

Ron Wickman is an award-winning architect who has operated his Edmonton-based practice since 1995. He specializes in barrier-free design and has a special interest in multi-family housing and community planning. You can reach him at 780/430-9935.

Accessible Washroom Checklist

- Are the building's washrooms truly accessible to persons with disabilities? Even where all washrooms are accessible, the installation of a separate unisex or unit washroom is desirable to allow assistance by an attendant of the opposite sex. Such separate washroom facilities are also convenient for a parent accompanying a small child of the opposite sex.
- Can existing conditions be modified to be barrier free? The primary problem with washrooms is entering them. Vestibules with double doors can be difficult to negotiate. Assess the space to determine whether someone in a wheelchair could become trapped between the doors. In the accessible stall, check to see that the toilet paper dispenser and waste sanitary napkin receptacles are located within easy reach of a person using the water closet.
- Is the stall at least 1500 mm by 1500 mm?
- Can a stall be converted to be barrier free? When determining which stall will be converted, choose one that is at the end of the room, against a wall. Two regular width stalls can be combined into one accessible stall with the removal of one of the water closets and the mutual partition. Consider, however, whether the removal of a water closet will conflict with code requirements governing the number of fixtures for the particular floor population. It may be necessary to provide for the design of an individual washroom instead.
- Is the stall door capable of being locked from the inside by a device that is operable with one hand? It's important that it not require fine finger control, tight grasping, pinching, twisting of the wrist or a force of not more than 22 N to activate.
- Is the door provided with a horizontal D-type door pull, at least 140 mm long, on the inside of an out-swinging door?
- Is the inside door pull located so that the centreline is between 200 and 300 mm from the hinged side of the door?
- Is the door provided with a vertical D-type door pull at least 140 mm long, on the outside, near the latch side of the door?
- Is a coat hook with rounded edges provided, and is it mounted at approximately 1500 mm (5'-0") above the floor?
- Is the top of the toilet seat between 400 and 460 mm from the floor?
- Does the toilet have a back support where there is no seat lid or tank?
- Is the toilet tank top securely attached?
- Is the toilet located between 460 and 480 mm from the centreline to the adjacent wall?
- Are the flush controls mounted on the transfer side of the toilet?
- Can flushing controls be used by persons with limited hand strength?
- Are the grab bars slip-resistant?
- Do the grab bars have a diameter of 30 to 40 mm or a shape that provides an equivalent gripping surface?
- Do the grab bars have a space of 35 to 45 mm between the wall and the grab bar where mounted adjacent to a wall?
- Are the grab bars installed so that they can resist a force of at least 1.3 kN applied vertically or horizontally?
- Are the grab bars free of any sharp or abrasive elements?
- Are the grab bars horizontal?
- Are the grab bars mounted between 750 and 850 mm above the floor?
- Is the grab bar mounted on the side wall closest to the toilet located not more than 300 mm from the rear wall?
- Does the grab bar mounted on the side wall closest to the toilet extend at least 450 mm in front of the toilet seat?
- Is the other grab bar mounted on the wall behind the toilet and at least 600 mm long?
- Does one urinal have a rim not more than 430 mm from the floor?
- Does the urinal have a minimum clear floor space 750 mm wide by 1200 mm deep without steps in front of the urinal?
- Does the urinal not have privacy shields extending beyond the front edge of the urinal rim if shields allow less than 750 mm clear width?
- Are the flush controls operable with one hand, without tight grasping, pinching, or twisting of the wrist, and with a force less than 22 N?
- Can individuals in wheelchairs position themselves under a sink, and are users' legs protected from potential burns from a hot water pipe?
- Are faucets easy to use by persons with limited hand mobility or strength? In renovations, smooth or round faucet controls should be removed and a lever type or other shape that is easily operable installed. Hardware to modify the handle into a lever can sometimes be added.
- Is the water temperature controlled to a maximum of 43.3°C?
- Does the placement of soap dispensers, napkin containers, and shelving appear to be strategically located at approximately 1 m (3'-3") off the floor and in such a way that they are not a hazard? Are they color contrasted so they are more identifiable for users with sight limitations?
- Do edges of countertops provide a color contrast so they are more identifiable for those users with sight limitations?
- Are mirrors mounted low enough, lower edge at 1 m (3'-3") or tilted downwards to better accommodate those individuals in wheelchairs?
- Is the floor area of the individual washroom not less than 3.7 m²?

Hotel Chain Raises the Bar for Accessibility

In its television commercials, Atlanta-based Microtel Inns advertises that its hotels have "room for everyone." If you're wondering if that includes people with disabilities, the answer is a resounding "yes." The company, which has more than 1,000 hotels across the United States, has the accessibility required by the Americans with Disabilities Act—and then some.

All of the company's hotels are newly constructed, and it's hard to find fault with the accessibility features each incorporates—level entrances, lowered check-in counters, and customer service staff that have received considerable disability sensitivity training.

All rooms are located on the ground floor, with access through a central corridor. Inside accessible rooms, there's space to spin even the largest wheelchair around with ease. Queen size beds sit on open frames, ideal for

use with lifts, and at a height perfect for wheelchair transfers. Lowered closet rods, high clearance underneath the desk, access to all controls, a wheelchair height peep hole in the door, eyebolts in the ceiling to anchor lifts, levered door handles—the list of accessible features goes on.

Inside the bathroom, you'll find oodles of space, a wheelchair-friendly sink, grab bars, and a roll-in shower equipped with both standard and handheld shower heads.

Visually impaired guests will find appropriate contrasting colour schemes, and kits for hearing-impaired guests are also available.

What's the price for all this accessibility? Daily rates start at \$35 USD. Clearly, Microtel Inns aren't in the same league as the Four Seasons. However, both *Entrepreneur* magazine and *Business Travel News* recently awarded the chain top honours in the budget hotel category.

All Microtel Inns are franchises, but the company has strict guidelines for uniformity. That means that each property is consistent in construction, design and—hopefully—service.

Currently, you'll only find Microtel Inns in the U.S. But the company, which is rapidly expanding, has grand plans for Canada. Fourteen franchises have been sold at various locations from B.C. to Ontario. Construction of several of these franchises is due to begin this year.

For more information, call (888) 771-7171 or check out the company's website (www.microtelinn.com).



Gene Discovery May Solve Mystery of Schizophrenia

University of Toronto research team claims it is on the verge of discovering the exact location of the gene that predisposes people to schizophrenia.

The team, led by Dr. Anne Bassett, announced in the April 28 issue of the journal *Science* they have found strong evidence that puts a schizophrenia gene on chromosome 1 of the human genome. In the article, Bassett compares the human genome to a world map, and that, while the gene's exact position on the map has yet to be determined, the researchers have identified its neighbourhood.

Bassett, a professor of psychiatry and head of schizophrenia research for Toronto's Centre for Addiction and Mental Health, says that the new findings provide evidence of the existence of a schizophrenia gene 100 times stronger than findings in previous studies.

The findings are based on an exhaustive 12-year assessment of 300 Canadians in 22 families with a high incidence of the disease.

Schizophrenia, which affects about one percent of the population, results in disorganized thinking, delusions, hallucinations and drastic changes in behaviour. It usually appears in people during their late teens or early adulthood. It's perhaps the most poorly understood—and most devastating—of mental illnesses.

The findings should help dispel persistent beliefs that schizophrenia is the primary result of social factors. Bassett's team doesn't rule out social and environmental factors as contributing agents, but maintains that

their research conclusively points out that predisposition for the disease is inherited.

That doesn't come as a surprise to Gordon Thompson, a



spokesperson for the Schizophrenia Society of Alberta, one of many mental health organizations closely watching developments in this area of research.

"For some time now, it's been well-known that inheritance is a very strong factor in schizophrenia," says Thompson, pointing to another study which concluded that identical twins of persons with schizophrenia had a 50% chance of having the disease themselves, even if they were raised in separate homes from birth. But he cautions that the existence of one schizophrenia gene doesn't mean a cure or treatment is imminent.

One problem, he says, is that there are other studies which have linked other factors to schizophrenia—for example, expecting mothers developing influenza or being malnourished during their second trimester, and trauma during birth.

"All of these things seem to suggest that a combination of some genetic weakness plus some injury either before or at birth is responsible," says Thompson. "For example, if they find that the gene provides for a higher blood flow to the brain, then that may mean that, if the blood flow is low, combined with these other factors, there is damage caused in some way."

Enter a second problem: almost certainly, says Thompson, schizophrenia doesn't arise from a single cause. "There are a number of different things that can go wrong that result in the symptoms we call schizophrenia," says Thompson. "If you look at all the people with schizophrenia, some of them will be helped by one medication and not a number of others. And others will be helped by a number of other medications, but not the first one—all of which suggest that there are number of different things that can go wrong. So, it's probably a number of different genes, but if we can find one of them, find out what it does, and find a way to resolve that problem, then there may be one group that can be split out and separated, and we learn how to treat it properly—or if it can be treated."

In turn, concludes Thompson, the remaining groups would be less diverse and share more characteristics, and therefore be "more amenable to studies to treat them."

Carrey Movie Offends Mental Health Groups

Mental health organizations here in Alberta and across North America are riled up over Jim Carrey's new movie, *Me, Myself and Irene*. The flick portrays Canadian-born Carrey as a man whose split personalities fight over a woman. One of Carrey's multiple personalities is a malicious state trooper nicknamed "schizo".

Organizations such as the Schizophrenia Society of Alberta believe the movie perpetuates harmful stereotypes about schizophrenia.

"One of the major difficulties is that they're again trying to bring up this idea that schizophrenia is multiple personalities—and it's not," says Gordon Thompson, a spokesperson for the Schizophrenia Society of Alberta. "What that movie is doing is perpetuating a myth about what schizophrenia is and making it into a joking matter. When you consider that 10% of people (with schizophrenia) commit suicide, and almost 50% attempt suicide, that really illustrates the fact that it is a very debilitating and serious illness.

"They wouldn't be making fun of someone with cancer in the same way. They wouldn't be making fun of someone with paraplegia in the same way. Why should they make fun of someone with schizophrenia? I can understand from the point of view of a movie actor looking it over, it may well appear to be a good, funny movie. It's just unfortunate that it has to target people who are suffering from such a serious illness."

Controversial Ontario Mental Health Bill Moves Closer to Reality

The Ontario government has introduced a bill that is intended to force treatment on people with serious mental illness deemed to pose a risk to themselves or others.

Bill 68—known as Brian's Law, after Brian Smith, an Ottawa-area sportscaster who was killed by a mentally ill man in 1995—received third reading in late June and is expected to be incorporated into the Ontario Mental Health Act by the end of the year.

The legislation will see the introduction of community treatment orders—a sort of parole for psychiatric patients after they are discharged from hospital. Given a community treatment order, a person with a serious mental illness will be required to undergo a prescribed course of treatment.

Ontario Health Minister Elaine Witmer has stated that the law is intended to balance the rights of patients and the safety of the community. But critics have said the proposed bill may violate patient rights.

One of those critics is Peter McKnight, a Toronto lawyer and ethicist. In an April 28 *Globe and Mail* editorial entitled "Guilty until proven sane," McKnight lashes out at the proposed bill:

"For my money, I'd rather take a detour through a dark alley full of 'unpredictable' psychiatric patients than walk through a brightly lit park packed with mentally well members of the Hell's Angels. Nevertheless, I could get the psychiatric patients locked up just by having a physician label them 'dangerous' (even if they have committed no crimes). On the other hand, the law could not touch our Harley-riders, however menacing, unless they committed an offence."

Wine Producer Puts Braille on Label

M. Chapoutier Wines, the award-winning French wine maker, is now using Braille on all its labels. The company says its goal is to give people with visual impairments the "means of identifying a bottle of wine, thus enhancing their appreciation of a great vintage."

Information on the label includes the appellation, the name, the colour, the name of the producer, and the town and country of origin.

M. Chapoutier produces more than two million bottles of different wines each year, including the ever-popular Chateaufeuf du Pape. Many varieties of the company's wines are sold throughout Canada.

The company, which modified a special typography machine to print the label in Braille, is willing to share its research and development with other wine producers.



Disabled Adults Face Health Risks

A six-year study carried out at Bloorview MacMillan Centre in Toronto concludes that adults with physical disabilities have a higher than average risk of developing health problems.

The study, which involved 300 students aged 11 to 16 and 300 adults aged 19 to 35. All 600 participants had a disability such as cerebral palsy or spinal cord injury.

The study suggests that disabled youth had healthier behaviour than their non-disabled counterparts. But adulthood brings a number of complicating factors into the picture: loss of friends, loss of funding for recreation, less opportunities for post-secondary education, and less opportunities for employment. The result is often introduction of a sedentary, dependent lifestyle. In turn, says the report, these lifestyle choices put adults with disabilities at greater risk of developing heart disease, respiratory problems and depression.

Bladder Cancer and SCI

Researchers at Craig Hospital in Denver, Colorado, have reported a strong link between indwelling catheter use by people with spinal cord injuries (SCI) and bladder cancer, the 12th most common cause of cancer deaths. They found the cancer rate for those using indwelling catheters was ten times higher than in the American non-disabled population (77 cases per 100,000 people, as opposed to just under eight cases per 100,000 people), and more than four times higher than for people with SCI who don't use indwelling catheters.

Researchers also reported that there is a significant rise in the cancer rate of those who use indwelling catheters about 20 years after injury and at 40 years of age. "The more years an indwelling catheter is in place, the greater the risk of bladder cancer," wrote the researchers.

Even for people with SCI who had never used an indwelling catheter, cancer rates were still about twice that of the able-bodied general population. In other words, all people with SCI face a certain amount of risk. Nevertheless, the researchers suggested exploration of using an intermittent catheterization program.

Accessible Housing: Crisis in Edmonton?

According to Handicapped Housing, there are no accessible apartment vacancies in Edmonton at the present time.

The non-profit organization reports that lack of awareness is a large part of the problem. With the exception of a few innovative landlords, most people have no idea that there is such a need in Edmonton for accessible housing.

In particular, Handicapped Housing says what's really needed is an apartment complex in the west end similar to Sir Douglas Bader Tower. The organization has had many inquiries for this type of housing—accessible, affordable and offering on-site support services in an integrated setting. Such a project would require a major developer, but the organization is convinced that demand is sufficient.

You can reach Handicapped Housing at 780/451-1114.

Childhood Polio Infection Linked To Chronic Fatigue

A childhood poliovirus infection may cause chronic fatigue in baby-boomers, according to a prominent polio researcher.

The theory was contained in a paper published in the January, 11, 2000, issue of the *American Journal of Physical Medicine and Rehabilitation* (Paralytic Versus 'Non-Paralytic' Polio: A Distinction without a Difference) by Dr. Richard L. Bruno.

Bruno is the director of The Post-Polio Institute at New Jersey's Englewood Hospital and Medical Center and chairperson of the International Post-Polio Task Force.

Bruno reviewed the personal laboratory notebooks, publications and private correspondence of Dr. Albert Sabin, developer of the oral polio vaccine, regarding a 1947, Cincinnati, Ohio outbreak of the "Summer Grippe," a flu-like disease that affected more than 10,000 children. Because Summer Grippe was associated with a stiff neck—a hallmark symptom of polio—Sabin hospitalized and studied a dozen children.

"Sabin concluded that Summer Grippe was caused by a mild form of the Type 2 poliovirus which caused a flu-like illness even though it did not cause paralysis," said Bruno.

However, when Sabin infected monkeys with poliovirus from the Summer Grippe children, spinal cord and brain stem neurons were killed just as they would have been by a paralytic poliovirus. "Both the Summer Grippe and paralytic polioviruses damage the brain stem," Bruno continued. "Sabin showed us that even a 'mild' poliovirus in-

fection could cause neuron damage that, although not apparent in terms of causing polio-like symptoms, was very real."

However, Bruno reports that another "mild" poliovirus outbreak did cause symptoms. In the very next year, 1948, over 1,000 Icelanders became ill with a flu-like illness causing stiff neck, some muscle weakness, and fatigue. While many of those with "Iceland Disease" recovered, some who became ill in 1948 still have fatigue today.

"Iceland Disease was also apparently caused by a relatively mild Type 2 poliovirus," said Bruno, "but one that did more severe and therefore more apparent damage to the brain stem—damage that caused chronic fatigue."

Fifteen years of research at The Post-Polio Institute has found evidence of brain stem damage in polio survivors who have fatigue associated with Post-Polio Syndrome, including lesions on MRI of the brain, attention deficits on neuropsychologic testing, reduced levels of brain activating hormones, and brain wave slowing.

"These abnormalities are evidence of damage to the brain stem neurons that activate the brain—the brain activating system that keeps the brain awake and focuses attention—and they are identical to abnormalities seen in patients with Chronic Fatigue Syndrome (CFS)," said Bruno. "We believe that brain activating system damage causes fatigue in both polio survivors and those with CFS."

Between 1934 and 1954, the year the polio vaccine was developed, nine outbreaks of CFS oc-

curred either at the same time as polio epidemics or affected the staff at polio hospitals. "In fact, the first CFS outbreak was in 1934, sickening the staff at the Los Angeles County polio hospital," said Bruno. He adds that, just as in Iceland, some who became fatigued in L.A. in 1934 remained fatigued for decades. "The symptoms of polio and CFS were so similar," said Bruno, "that 48% of the patients in the CFS outbreaks between 1934 and 1954 were thought initially to have had non-paralytic polio."

Sabin's Summer Grippe, Iceland Disease and the long association between polio and CFS have important implications for those diagnosed with Post-Polio Syndrome and CFS today, according to Bruno. Englewood Hospital and Medical Center's Post-Polio Institute treats many middle-aged adults with fatigue who had non-paralytic polio as children.

"Sabin showed us that even a mild poliovirus infection can damage the brain activating system setting the stage for fatigue to develop later in life," said Bruno.

The Post-Polio Institute's experience is supported by the

1987 U.S. National Health Interview Survey which found that 21% of those who had had non-paralytic polio report fatigue in mid-life. "The one million North Americans who had non-paralytic polio must be assertive," said Bruno, "in telling their doctors that both paralytic and non-paralytic polio survivors develop late-onset fatigue."

An epidemiological study by Dr. Leonard Jason, published in the October 11, 1999, issue of the *Archives of Internal Medicine*, found that half of the estimated 836,000 Americans with CFS are at least 40 years old. Jason concluded that baby-boomers may be at greater risk for CFS.

"Potentially half of those diagnosed today with CFS may in fact have had Summer Grippe or undiagnosed non-paralytic polio as children in the years before the polio vaccine became available," said Bruno. "They may also have brain activating system damage that causes chronic fatigue."

"There is no question that neither the naturally-occurring poliovirus nor the Sabin oral polio vaccine causes CFS today," emphasizes Bruno. "But the possibility of a non-paralytic poliovirus infection in childhood causing chronic fatigue in middle-aged baby-boomers is a reason for hope."

The Post-Polio Institute's research has found that conserving energy, daytime rests breaks, stopping activities before fatigue starts, and a higher-protein diet significantly reduce symptoms of fatigue.

Free Parking at Edmonton Parking Meters

Drivers with a provincially issued disabled placard will be allowed to park at City of Edmonton parking meters free of charge for the specified duration of the meter. For example, you can park free at a 15-minute meter for that time.

Edmonton has seven types of parking meters of varying time durations ranging from 15 minutes to five hours. Note you must have your disabled placard displayed.

This free parking does not apply to the Edmonton City Hall parkade or any private property such as hospitals or post-secondary educational institutes, which have their own parking meter systems.

Fathers with a Special Kind of Courage

Almost 50 years ago, I used to watch Roy Rogers and Dale Evans on TV. When I was six, Roy and Dale were the kind of heroes I needed. I was still learning about the world, and their show made it easy to tell the good guys from the bad ones.

What I didn't know back then was that Roy and Dale were also parents of a severely handicapped child. Their daughter Robin had Down's syndrome with lots of complications. She only lived for a couple of years, but Roy and Dale loved her and did everything they could to keep her alive as long as they could. Dale was one of the first parents to speak out about being the mother of a child with a severe developmental disability, during a time when most parents hid such children.

Roy joined Dale in telling people that Robin had been a wonderful blessing for their family.

They were heroes in more ways than one.

As I write this, Father's Day 2000 is here. I'm looking at an old photo of Roy Rogers holding his precious daughter, Robin Elizabeth. It makes me think about what it means to be a father. As a father who lost a severely disabled daughter many years ago and who does the best he can to preserve and protect the life of a seriously disabled son today, I think I recognize the love in his eyes. I can still hear Roy and Dale singing *Happy Trails to You* at the end of each show. It was sweet and a little sad when I heard it back then, and now I recognize its deeper meaning for them.

Today, we have new heroes. Robert Latimer's murder conviction is finally before the Supreme Court of Canada. Repeatedly we are told that he was a hero for killing his own child, for sparing her from a life of misery. People

call him compassionate, rational, and brave. Media experts say he must have loved his daughter a lot to do what he did.

There is certainly no shortage of such "heroes". On July 6, Michael Gentry will be sentenced for involuntary manslaughter of his 15-year-old severely disabled daughter in Los Angeles. Perhaps this too was an act of love.

Oto Orlik stabbed his 14-year-old severely disabled daughter more than 30 times before she died in Wisconsin in 1998. How many fathers could be that rational or compassionate?

Eight-year-old Justin Blair, who was blind and had cerebral palsy, was beaten to death by his father in New Hampshire. I can't imagine the kind of courage that would require.

There are 110 fathers, step-fathers, foster fathers and adoptive fathers implicated in the

homicides of their developmentally disabled children in our current homicide database at the University of Alberta. These heroes shot, scalded, stabbed, poisoned, electrocuted, starved, beat, drowned, hanged, smothered and gassed their children to death.

One father, who was enraged because the hospital wouldn't give his child the care that he felt was required, threw the child out of a 12th-story window.

Now, I confess that I'm not the best father in the world. There are times when I could be a better father to my son who has a severe disability and times when I could be a better father to my daughter, who doesn't have a disability. I know dozens of fathers of kids with disabilities who are also less than perfect.

They will never be heroes of the new millennium. Some complain that life demands a little too much from them. Others don't. But deep inside, they love their children and they love being fathers to them. They have also grown as human beings and learned new things about themselves because of their special relationship with a child who needs a lot from them.

These men are simply fathers. Their names will not become household words. They will not receive thousands of letters of support for their courage. They will not be discussed by lawyers and bioethicists. They will just keep doing the best they can, for as long as they can.

Dick Sobsey is a professor of educational psychology and director of the JP Das Developmental Disabilities Centre at the University of Alberta. His nine-year-old son has a severe global developmental disability. This editorial first appeared in the Edmonton Journal, June 18, 2000.

Therapeutic Riding Offered in Canmore

Beginning in September, the Canmore Community Care Centre will offer Rundle Riders, a therapeutic horseback riding program for people with disabilities.

Horseback riding has been praised as an excellent way for people with disabilities to exercise, combining the outdoors, physical activity and bonding with an animal.

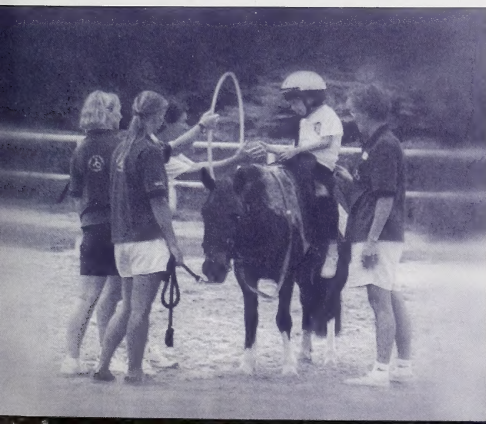
The program was developed by occupational therapist Susan McNight and physiotherapist Anne Gallagher. Both will work with each student to devise an individualized riding program. During one hour sessions each Saturday morning, students will learn riding basics from Jennifer Gailus, a certified instructor who has experience teaching therapeutic riding in Oregon.

No previous riding experience is required. People from all age groups and with virtually all types of disabilities are encouraged to join. Each rider will have at least one person—and up to three people—with them at all times while on the horse. All horses will be screened for suitability for the program.

Cost hasn't been finalized, but some funding is available from the Handicapped Children's Society.

There are more than 130 therapeutic riding programs offered throughout Canada, and hundreds more in the United States.

For further information, please contact the Rocky Mountain YMCA at (403) 673-3858.



Advocate Scores Victory Over Famous Players Theatres

It took more than seven years, but Vince Miele, a staff member for the British Columbia Paraplegic Association, has finally scored a resounding victory over Famous Players Inc.

On February 7, 2000, a B.C. Human Rights Tribunal brought closure to a saga that began in 1993 by ruling in favour of Miele, awarding him a monetary sum for damages and ordering Famous Players to shape up by August.

The case involves the company's Capital Six theatre, located on Granville Street in Vancouver. The theatre's movie rooms have never been accessible from the front door, but during a renovation in the late 80s, a second large entrance—completely accessible—was added at the back of building. Over the years, however, Famous Players obviously felt they could save money by closing this entrance. Wheelchair-using customers were instructed to come to the back door and use an intercom to buzz the front entrance, at which point a staff member would come and unlock the back entrance and sell tickets.



Vince Miele

When Miele came to theatre one day in 1993, he discovered the situation had regressed even further. When he buzzed the front door, he was told that he would first have to wheel around front and purchase a ticket, then return to the back door and wait to be allowed in. And that's when he'd had enough.

He immediately filed a complaint with the B.C. Council on Human Rights (this body has evolved into the B.C. Human Rights Commission).

Two years later, the Council dismissed the complaint (one has to wonder how they could arrive at this decision, but that's another story).

Undaunted, Miele appealed

to the B.C. Supreme Court. In 1996, the Supreme Court reversed the dismissal and ordered the B.C. Human Rights Commission to hear the complaint, which they did in 1997.

More than two years later—and seven years after filing the original complaint—the Commission Tribunal ruled in favour of Miele, finding that Famous Players had indeed discriminated against him.

"In my view, the effect of the order I have made to cease the contravention is to require the (Famous Players) to re-open and staff the Seymour Street entrance in a manner that allows patrons with disabilities to enter the theatre in the same way as able-bodied patrons," wrote Tribunal member Frances Gordon.

Famous Players argued that keeping the rear entrance open would cost the company \$75,000 per year, posing undue hardship.

"It's a big relief," says Miele. "The big part for me is that this supercedes the Building Code in the sense that it enforces the maintenance part of the code, which doesn't seem to be happening here. We've seen numerous places where the building was made to be accessible, but sometime after the fact, accessibility was reduced or eliminated—and we can't seem to get the bylaw enforcement people to fix it."

Housing Assistance

We remind you that RRAP (Residential Rehabilitation Assistance Program) is alive and well. RRAP is a federally funded, Canada Mortgage and Housing Corporation (CMHC) program.

The **Disabled Program** assists low-income homeowners by providing financial assistance to modify their dwelling to accommodate a disability (such as wheelchair accessibility, allergies/environmental hypersensitivity, hearing/visual or age related disabilities). To qualify for assistance, the total combined gross income of all related family members living in the household must be under a certain level established by CMHC.

A landlord who is currently renting to a low-income disabled tenant may also be eligible for assistance through this program. The tenant's income must be below the established income ceiling, and the landlord will be required to keep the rent charged (including major utilities) under the monthly median market rents established by CMHC.

The **Homeowner Program** assists low-income homeowners to repair their substandard dwelling by providing financial assistance to correct major deficiencies. The dwelling must require a major repair in one of the following areas: heating, plumbing, electrical, structural or safety. The income ceilings and guidelines are the same for the Disabled Program.

If you think you may qualify for RRAP, contact your local CMHC office. If you qualify, your name will be added to the waiting list.

calendar of events

Sept 29 - Oct 1, 2000

The Women's Economic and Business Solutions Society presents Rebuilding Strength - Dismantling Barriers. Location: Grant MacEwan College, Edmonton, Alberta. Theme: an opportunity for women with disabilities, their families and professionals in the field interested in empowering women to create their own futures. Topics include: Human Rights, Employment, Legal Rights, Economic Development, Housing, Wellness, Alternative Health Care, Sexuality, Self Care, Self Managed Care, Parenting, and more. Contact: The Women's Economic and Business Solutions Society, at 780/479-4196 or Email: rebuildingstrong@hotmail.com